



MOUNTAINS RECREATION & CONSERVATION AUTHORITY
Los Angeles River Center and Gardens
570 West Avenue Twenty-six, Suite 100
Los Angeles, California 90065
Phone (323) 221-9944 Fax (323) 221-9934

MOUNTAINS RECREATION AND CONSERVATION AUTHORITY VOLUNTEER EMERGENCY INFORMATION/PHYSICIAN DESIGNATION

Completion of this form is voluntary. The information will be used in case of accident or emergency only. If you have a chronic medical problem (i.e., heart condition, epilepsy, asthma, allergy, etc.) that could incapacitate you during working hours, you are encouraged to discuss symptoms and emergency treatment with each of your supervisors.

This information should be returned to your supervisor who will keep one copy in your personnel folder. Should any of this information change, please submit a corrected form to your supervisor. It is important that this data be kept current at all times.

Please Type or Print

Volunteer Name (Last, First, M.I.)		Home Telephone Number	
Work Telephone Number	Cell Phone		Birth Date
Home Address (Number & Street) (City)			Zip Code
Person to notify In case of Accident or Illness	Name		Relationship
	Address		Telephone Number
	City	State	Zip

Physician Designation

In case of injury on the job or sudden job-related illness, volunteers are given the option of choosing their own personal physician to administer medical treatment or accepting the services provided by the department. "Personal Physician" means the volunteer's regular physician and surgeon, who has previously directed the medical treatment of the employee and who retains the employee's medical records, including his or her medical history.

_____ I do not wish to designate a personal physician and will accept medical treatment from the department's designated medical facility.

_____ I request the services of my personal physician as indicated below.

Physician's Name		Office Phone	
Office Address			Zip Code
Hospital Preference	Type of Insurance		Blood Type
Volunteer Signature			Date